P00000072760

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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TR 3-18-11

COVER LETTER

Division of Corporations	
SUBJECT: KING RESTAURANT, INC	
(Name of Corporation)	
DOCUMENT NUMBER: P00000072760	
The enclosed Resignation of Registered Agent for a Corporation and fee are sul	bmitted for filing.
Please return all correspondence concerning this matter to the following:	
AGNES CHAU	
(Name of Person)	
LAW OFFICES OF AGNES CHAU, P.A.	
(Name of Firm/Company)	
716 E COLONIAL DRIVE	
(Address)	
ORLANDO, FL 32803	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
AGNES CHAU at (407) 648-0880	
(Name of Person) (Area Code & Daytime Telephor	ie Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, (Name of Registered Agent)
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, AGNES CHAU
(
hereby resigns as Registered Agent for KING RESTAURANT, INC.
(ivaline of Corporation)
P00000072760
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
Inis statement is filed.
(Signature of Resigning Agent)
f signing on behalf of an entity:
(Typed or Printed Name)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

(Capacity)